



Client No. 2036	Client Name D.H. METALS				Location 1002 OSWEGO, ST. UTICA				Date 1/10/87																				
Facility Equipment 14	Detex Clock No. 0	Weapon No. 0	Holster No. 0	Nightstick No. 0	Raincoat 14	Flashlight 14	Other LOGBOOK, GATE + TRAILER KEYS																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.					Officer—Day Shift (Name) Off. Kenneth F. Halif				Officer—Swing Shift (Name) Off. Del Vecchio				Officer—Grave Shift (Name) OFF. LES. FLEET																
Shift Began 8:00 AM Ended 4:00 PM					Shift Began 4:00 AM Ended 12:00 PM					Shift Began 12:00 AM Ended 8:00 AM																			
Observations or actions taken					Observations or actions taken					Observations or actions taken																			
Rounds or stations missed					Rounds or stations missed					Rounds or stations missed																			
Unlocked doors, gates or windows					Unlocked doors, gates or windows					Unlocked doors, gates or windows																			
Unlocked vaults or safes					Unlocked vaults or safes					Unlocked vaults or safes																			
Fire-smoke or hazards					Fire-smoke or hazards					Fire-smoke or hazards																			
1. Extinguishers missing or defective					1. Extinguishers missing or defective					1. Extinguishers missing or defective																			
2. Sprinkler system defective					2. Sprinkler system defective					2. Sprinkler system defective																			
3. Fire doors or exits blocked					3. Fire doors or exits blocked					3. Fire doors or exits blocked																			
4. Rubbish accumulation					4. Rubbish accumulation					4. Rubbish accumulation																			
5. Motors running					5. Motors running					5. Motors running																			
6. Lights left burning					6. Lights left burning					6. Lights left burning																			
Injury hazards					Injury hazards					Injury hazards																			
Visitors					Visitors					Visitors																			
Trespassing					Trespassing					Trespassing																			
Violation of company rules					Violation of company rules					Violation of company rules																			
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
2. Did you suffer any illness?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
3. Have you reported all accidents coming to your attention?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>			Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
Signatures			Day Shift 1. Kenneth F. Halif			2. Del Vecchio			3. Les Fleet			Swing Shift 1. Del Vecchio			2. Les Fleet			3. Les Fleet			Grave Shift 1. Les Fleet			2. Les Fleet			3. Les Fleet		
Signatures			Day Shift 2. Les Fleet			2. Les Fleet			3. Les Fleet			Swing Shift 2. Les Fleet			3. Les Fleet			Grave Shift 2. Les Fleet			3. Les Fleet			3. Les Fleet					
Signatures			Day Shift 3. Les Fleet			3. Les Fleet			3. Les Fleet			Swing Shift 3. Les Fleet			3. Les Fleet			Grave Shift 3. Les Fleet			3. Les Fleet			3. Les Fleet					

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